GST TAX INVOICE

SAI MEDICAL

SHOP NO.1, FIRST FLOOR, VISION CARE CENTER, SUSHILA PARK,MARDHAM ROAD, SHIRUR, PUNE

GST No. -
DL No. - 20- 427146, 21- 427147
PH. No. - 8282825959
Email - thevisioncarecenter@gmail.com

Patient Name	GITESH ADHAV	**Invoice No.**	AM/C414/26/1589
Dr. Name	NA	**Inv. Date**	15-07-2026
Patient No.	4544785010	**Pat. Address**	
Payment Mode	Cash	**Salesman**	

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
WINOLAP MAX	30049099	GTH0562A	02/28	1	1 x 1	291.56	290.56

Total No. of Products :- 1

Amt. In Words : TWO HUNDRED AND NINETY RUPEES AND FIVE SIX PAISE ONLY
Credit Bal. : 0.00
Payment Mode : Cash

GROSS	277.68
DISCOUNT	1.00
TAX	13.88
NET AMT.	**291.00**

Terms & Conditions

1. Medicine return shall be done within 7 days of purchase.
2. Cut strips, Refrigerated, OTC/FMCG shall not be refunded/exchanged.
3. No return/Exchange will be processed without presenting the original bill.

Authorized Signatory